discussed, and modern experience has made some recasting of old-established theories imperative.

The importance of the "missed" case and the "carrier" case in spreading an epidemic is only now becoming adequately realized. Anything which helps a disease to spread, as it were, in the dark, must handicap us immensely in our efforts to fight it, for every one knows how hard it is to eradicate those weeds which spread underground. Now, I maintain that this is just what our present half-and-half system of vaccination tends to do.

Dr. Cameron concludes his letter by an appeal to our sympathies on behalf of the unvaccinated child who might be attacked by small-pox. One of the "hard lessons" I have had to learn by practical experience is that the danger to the unvaccinated child, even in the presence of an epidemic of small-pox, provided modern preventive measures are efficiently carried out, has been somewhat exaggerated. It is not fair to quote the experience of times when the disease was left to burn itself out, much as measles still is. In uncivilized and semicivilized countries universal vaccination must still remain the best thing to be done. But in Leicester, at any rate, the unvaccinated child has not, so far, suffered to anything like the extent that was predicted. In the last epidemic, that of 1904, out of a total of 321 persons attacked, there were only six cases of unvaccinated infants under 1 year of age, one of which proved fatal. In the previous epidemic, out of 394 cases there were four cases of unvaccinated infants, two of which proved fatal. But I suggest that a majority of the cases which have occurred in Leicester have been infected by once-vaccinated persons rather than by those who have never been vaccinated, the reason being that the latter have usually been at once recognized and isolated.

Another point I wish to make is that, apart from infants or very young children, childhood is a period when small-pox is not so fatal as later in life, so that children, apart from the very young, even though they have never been vaccinated, run no more risk of a fatal attack than elderly people, though the latter have been vaccinated in infancy. In proof of this I submit the following figures: In Leicester, during the last two epidemics, there were 278 cases in unvaccinated children between the ages of 5 and 20 years, ten of which proved fatal, equal to a case mortality of 3·6 per cent., and there were 97 cases of vaccinated men and women above the age of 40, five of which proved fatal, equal to a case mortality of 5.1 per cent. So that there is really no more reason to be alarmed for the safety of unvaccinated children, should they contract small-pox, than that of once-vaccinated adults above the age of 40. I doubt if this fact is sufficiently appreciated.

On the ground of protecting the individual there is really not much more to be said in favour of compulsory infantile vaccination than of compulsory adult revaccination; and as we have never had the latter we need not be very concerned if we have to abandon the former.—I am, etc.,

C. Killick Millard,
Medical Officer of Health.

Leicester, June 10th.

CHRONIC INTESTINAL STASIS.

Sir,—Mr. Harold Chapple, in answer to my letter of May 6th, has been good enough to amplify his article of April 22nd, and to work out the mortality of cases of intestinal stasis treated by colectomy or ileo-sigmoidostomy by Mr. Arbuthnot Lane at Guy's Hospital, since June, 1908.

Would it be too much to ask Mr. Chapple if he could carry his researches still further, and show the immediate and ultimate mortality for colectomy alone from the first case operated on up to the end of last year? Some of the successful cases recorded in his article date back to 1904.

The operation of ileo-sigmoidostomy (when performed in the absence of acute obstruction) is admittedly one which possesses a very low mortality. When cases of ileo-sigmoidostomy are grouped with cases of colectomy, and a combined mortality worked out, the actual mortality of colectomy is in danger of being rendered obscure. As an instance of this Mr. Chapple mentions that Mr. Lane has operated on 26 cases in private for the above complaint, and that he has excised the large bowel in 12 of these. Two of these latter cases died. This gives a colectomy mortality of 16.6 per cent. Mr. Chapple (excluding 1 fatal case on whom a caecostomy had previously been performed) arrives at a combined mortality of under 4 per cent.

In his final paragraph, Mr. Chapple expresses an opinion that the mortality of colectomy will in the future be "reduced almost to a vanishing point" by the systematic use of fomentations to prevent suppuration in the wound, which he states has been a source of trouble in the past and caused a fatal result in 3 cases. In his concluding sentence he seems to have lost sight of this "troublesome suppuration" when he states that adhesions "form the only source of anxiety or risk in case of colectomy."—I am, etc.,

C. Gordon Watson.

London, W., June 7th.

TREATMENT OF PNEUMONIA.

Sir,—In the British Medical Journal of June 10th Sir James Barr and Dr. Frank M. Pope both refer to the increase of mortality from pneumonia in recent years. But it is quite evident that both ignore the treatment I described at the last Annual Meeting, and which was quite sufficiently set forth in your issue of November 19th, 1910. It is possible that "they do not read the papers," but if they will run through your report of date above mentioned and note that at present I have treated 27 cases without one death, and in some instances with abortion of the disease, they will feel it, I think, to be their duty to try this simple method of combating a disease which is making terrible inroads where national life is rich with thought and energy and generally.

May I appeal to any who may have already accumulated sufficient data to give reports at the Annual Meeting or elsewhere, that so many cases may be accumulated by various workers, unblackened by a single fatality, that the treatment may be fairly launched on a long-suffering world, to the glory of the Great Giver of a priceless remedy and the incalculable benefit of the race?—I am, etc.,

Arthur J. Mathison.

London, N., June 12th.

CROYDON UNION APPOINTMENT.

Sir,—Will you kindly allow me to correct a slight printer's error that occurred in the paragraph dealing with the Croydon Union appointment in the Journal of June 10th? Dr. Simonds Gooding—not Gording—"played the game" in such a splendid manner that the least one can do is to see that his good work is accurately recorded.—I am, etc.,

E. H. Willock,
Honorary Secretary Croydon Division.

Croydon, June 14th.

Universities and Colleges.

UNIVERSITY OF LONDON.

Meeting of the Senate.

A meeting of the Senate was held on May 17th.

Recognition of Teachers.

The following were recognized as teachers in the subjects and at the institutions indicated:

London Hospital Medical School.—Mr. Francis S. Kidd (Clinical Surgery).

King's College Hospital Medical School.—Mr. Percy B. Ridge.

Lecturers in Physiology.

Professor A. B. Macallum, F.R.S., Toronto, has been added to the panel of university lecturers in physiology.

Semon Lectureship and Medal in Laryngology.

The Academic Council reported an offer received from Sir Felix Semon, K.C.V.O., M.D., to transfer to the university for the foundation of a lectureship and medal in laryngology the sum of £1,040 presented to him by the British laryngologists on his retirement from practice. The benefaction was accepted upon the conditions offered, and the grateful thanks of the Senate was voted to the donor.

The Senate—Appointment and Resignation.

Mr. H. J. Waring, M.S., F.R.C.S., has been appointed the representative of the Faculty of Medicine on the Senate for the